

Data Gathering Checklist



CLIENT INFORMATION		
	CLIENT	SPOUSE
Client Name(s):		
Date of Birth:		
Address:		
Home Phone:		
Mobile Phone:		
Preferred Email:		
Preferred Method of Contact:		
Occupation:		
Employer:		
Employer Address:		
Work Phone:		

Children: (names and dates of birth)	
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CASH FLOW – Please include data in the sections applicable to your situation:		
	CLIENT	SPOUSE
Base Salary:		
Commission/Bonus:		
# paychecks per year:		
Self-Employment Income		
Pension/Annuities:		
Social Security Income:		
Other Income:		

DOCUMENT CHECKLIST – Please provide copies or relevant details of the following:

There are several options for providing these documents:

- Upload these documents to our secure portal called ShareFile. We can set up an account for you that only you and our office have access to. Our office receives notifications when items are uploaded.
- Fax to our office at (800) 675-3197.
- Mail or drop off at our office. Any paper documents we receive will be returned to you at a later date.

<input type="checkbox"/>	<p>Last two years Federal and State tax returns</p> <ul style="list-style-type: none"> • including backup such as W-2s and 1099s
<input type="checkbox"/>	<p>Most recent paycheck stubs</p> <ul style="list-style-type: none"> • or business income/expenses if self employed
<input type="checkbox"/>	<p>Investment account statements</p> <ul style="list-style-type: none"> • including brokerage accounts, 401(k) plans, 403(b) plans, education accounts, annuities, etc. showing how your accounts are invested
<input type="checkbox"/>	<p>List of fund choices for all 401(k) accounts</p> <ul style="list-style-type: none"> • including current and previous work accounts that are still open
<input type="checkbox"/>	<p>Details of your mortgage(s)/equity lines and approximate property values</p> <ul style="list-style-type: none"> • including term, amount, type, rate, and origination date
<input type="checkbox"/>	<p>Details on other types of debt (credit cards, student loans, etc.)</p> <ul style="list-style-type: none"> • including amount owed, interest rate, and payment amount
<input type="checkbox"/>	<p>Copies of estate documents</p> <ul style="list-style-type: none"> • including wills, trusts, health care powers, etc.
<input type="checkbox"/>	<p>Details or policy summaries of insurance coverage</p> <ul style="list-style-type: none"> • including life, long term care, disability or any other types of insurance coverage you may currently have in place
<input type="checkbox"/>	<p>Budget or list of living expenses</p> <ul style="list-style-type: none"> • including housing, auto, food, insurance, personal care, gifts, recreation, children activities, etc.
<input type="checkbox"/>	<p>Social security statements</p> <ul style="list-style-type: none"> • or estimated benefits
<input type="checkbox"/>	<p>Pension statements/details</p> <ul style="list-style-type: none"> • including pension options and amounts
<input type="checkbox"/>	<p>Employee benefit information</p> <ul style="list-style-type: none"> • including benefit options available
<input type="checkbox"/>	<p>Any other data you believe is relevant to your financial situation</p>

ADDITIONAL INFORMATION – Please provide answers to the following questions:

- Does your employer provide a match for your retirement savings? If so, how much?
- Will you have an employer funded pension at retirement? If so, please provide your benefit statements. What is your projected benefit?
- Do you expect any significant changes in your income in the next few years? If so, please describe the nature of those changes below.
- In your opinion, does it feel like you have a surplus or deficit each month?
- What is your ideal retirement age?
- Which accounts are you currently contributing to? What is the amount and frequency?